Revalidating as an **Individual Provider** or Updating an Individual Provider's **Profile with Nevada Medicaid**



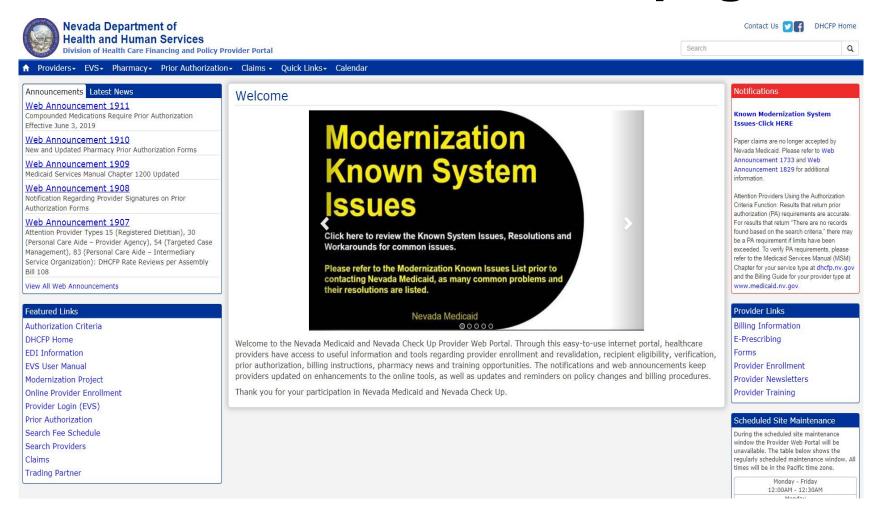
Objectives

Objectives:

- Review the Provider Enrollment Webpage, including:
 - Provider Enrollment Checklists
 - The Online Provider Enrollment User Manual
 - Provider Revalidation Report
 - Changes to Provider Information
 - Contact Information for Provider License Updates and Voluntary Terminations
- Revalidate or Update a Provider's Profile with Nevada Medicaid as an Individual Provider via the Electronic Verification System (EVS)
- Cover Resources
- Contact Nevada Medicaid

Provider Enrollment Webpage

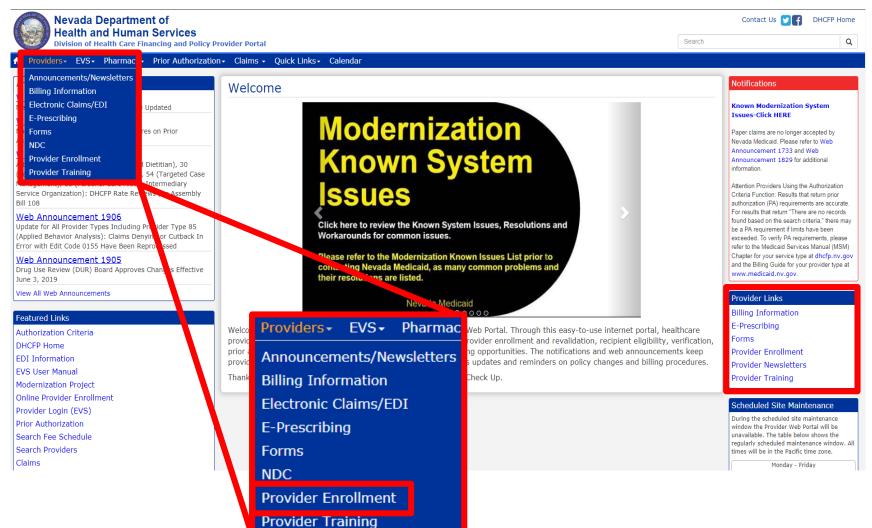
Provider Enrollment Webpage



The Nevada Medicaid website is designed to assist providers with understanding the Nevada Medicaid program and includes information regarding enrollment, billing, access to the Electronic Verification System (EVS) and additional resources to assist providers.

Link: www.medicaid.nv.gov

Provider Enrollment Webpage, continued



Highlight Providers from the top tool bar and select Provider Enrollment from the drop-down menu or select Provider Enrollment from the Provider Links section on the right-hand side of the page.

Provider Enrollment Webpage, continued

Provider Enrollment

Effective January 12, 2019, all providers will be required to submit their Provider Enrollment Applications electronically Online Provider Enrollment (OPE) Tool at https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx, enrollment applications will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at https://www.medicaid.nv.gov/providers/Modernization.aspx for further details.

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

Effective 12/1/2015, access Online Provider Enrollment for individual, group or OPR enrollments. f C



Provider Documentation Reminders: (See Web Announcement 1125 for reminders that will assist providers in adhering to the documentation responsibilities required of each Nevada Medicaid/Nevada Check Up provider.)

All enrollment documents including attachments require an original signature from the provider or an authorized representative (use dark blue or black ink).

The Provider Enrollment webpage contains all necessary information in order to properly enroll in Nevada Medicaid, including:

- A. Access to the Online Provider Enrollment (OPE) tool
- Link to modernization announcements
- C. Additional link to the OPE tool

Required Enrollment Documents – Enrollment Checklists

Required Enrollment Documents

- Provider Enrollment Information Booklet: UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. All providers will need the information contained in this
 booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- Enrollment Checklists: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of
 insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- Business Associate Addendum (NMH-3820): This document must be signed and submitted with your Provider Enrollment/Revalidation Packet if it is listed on the
 Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- Advance Directives Compliance Self-Evaluation & Certification (NMH-3827): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- Civil Rights Compliance Self-Evaluation & Certification (NMH-3828): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Enrollment Checklists are separated out by Provider Type. In order to determine the documentation that is required to accompany the application, select Enrollment Checklists. All Provider Types require the checklist to be followed.

Required Enrollment Documents – Enrollment Checklists, continued

Provider Enrollment Checklists

To see which documents must be submitted with your Provider Enrollment Packet, click the name of your provider type(s) in the list below. If your provider type is not in the list below, please contact the Provider Enrollment Unit at (877) 638-3472 for requirements.

Note: Out of state providers must also submit proof of Medicaid eligibility in the state that services are/were rendered.

Provider Type	Title	Updated Date
10	Outpatient Surgery, Hospital Based	04/20/16
11	Hospital, Inpatient	02/18/16
12	Hospital, Outpatient	02/18/16
13	Psychiatric Hospital, Inpatient	04/20/16
14	Behavioral Health Outpatient Treatment	n/a
15	Registered Dietitian	12/15/17
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public	04/20/16
17	Special Clinics	n/a
19	Nursing Facility	04/20/16
20	Physician, M.D., Osteopath, D.O.	08/25/17
21	Podiatrist	08/25/17
22	Dentist	01/03/13
23	Hearing Aid Dispenser & Related Supplies	08/25/17
24	Advanced Practice Registered Nurse	08/30/17
25	Optometrist	08/25/17
26	Psychologist	07/19/16
27	Radiology and Non-invasive Diagnostic Centers	12/01/14
28	Pharmacy	04/28/17
29	Home Health Agency	07/05/17

Each Provider Type will have access to a Provider Type specific Checklist.

Locate the appropriate Provider Type and select the Title of the Provider Type to open the checklist.

It is important to review each item listed on the Checklist as the information will be different for each Provider Type.

Online Provider Enrollment User Manual

Online Provider Enrollment User Manual

- Chapter 1: Getting Started
- Chapter 2: Initial Enrollment Application
- · Chapter 2 Addendum: Ownership & Relationships Example
- · Chapter 3: Revalidation and Updates

The Online Provider Enrollment User Manual will contain pertinent information for using the OPE tool and provide additional details regarding each question that is contained within the application.

Chapter 1: Getting Started – Overview of how to use the OPE tool

Chapter 2: Initial Enrollment Application – Provides stepby-step instructions on how to complete an initial application

Chapter 2 Addendum: Ownership & Relationships
Example – Provides additional clarification for users when answering the Ownership Disclosure and Relationship questions

Chapter 3: Revalidation and Updates – Instructions on how to revalidate or make changes to a provider profile through the Electronic Verification System (EVS)

Revalidation Report

Revalidation Report

 Provider Revalidation Report: The Nevada Medicaid Provider Revalidation Report lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date.

The Provider Revalidation Report is a PDF document that allows any user to view a National Provider Identifier (NPI) to determine the date that their contract will need to be revalidated. Providers are required to revalidate with Nevada Medicaid every five (5) years. The only exception is that Durable Medical Equipment (Provider Type 33) providers must revalidate every three (3) years.

Viewing the report will assist providers with making sure that their contract with Nevada Medicaid does not terminate. If a contract terminates due to a provider not submitting a revalidation, the provider will then need to complete and submit a brand new application. If a provider's contract terminates and the provider attempts to bill for dates of service that happen after their termination date, those particular claims will be denied.

Changes to Provider Information

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to Nevada Medicaid within five business days.

- To complete changes online, please login to the Secure Web Portal, and choose "Revalidate-Update Provider".
- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- Provider license updates and voluntary terminations can be mailed or e-mailed to Nevada Medicaid for processing

As of February 1, 2019, any provider that is already enrolled in Nevada Medicaid can make changes to their provider profiles via the EVS secure Provider Web Portal. For instructions, please review Chapter 3 (Revalidation and Updates) of the Online Provider Enrollment User Manual that was previously discussed and can be located on the Provider Enrollment webpage of the Medicaid website.

Contact Information for Provider License Updates and Voluntary Terminations

Contact Information for Provider License Updates and Voluntary Terminations Only

Mail completed provider license updates and/or voluntary terminations to Nevada Medicaid, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042 or E-mail: nv.providerapps@dxc.com for processing

Should a provider wish to submit their updated license information or if a provider will be terminating a contract, that information is to be emailed to: nv.providerapps@dxc.com or mailed to the P.O. Box. It is important to note that any documentation besides an updated license or a contract termination will not be reviewed and processed via this email address. Changes to a provider profile will **not** be accepted via email and those changes must be made via the EVS secure Provider Web Portal.

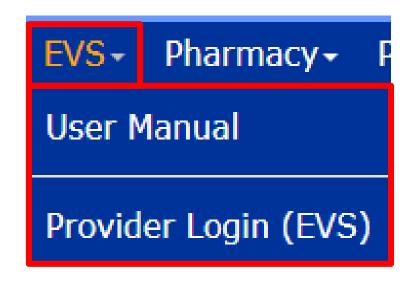
Revalidating a Contract or Updating a Provider Profile as an Individual Provider with Nevada Medicaid via the EVS Provider Web Portal

Revalidation Information

- Revalidations are required to be submitted every five (5) years. The exception is for Provider Type 33 (DME providers), who are required to revalidate every three (3) years.
- Providers cannot ask for retro prior authorizations if their contract terminates.
- Providers who miss the revalidation date deadline will be required to complete an Initial Application and submit to Nevada Medicaid.
- The matrix below lists resources available to providers should their contract expire without revalidating timely.

MAIN MENU	SUB MENU / LINKS	DURATION OF TERMINATION ACCESS (1 YEAR)
Eligibility	Eligibility Verification	No
Claims	Search Claims, Submit Claims, Search Payment History & Treatment History	Yes
Care Management	Create Authorization, View Status, Maintain Favorite Providers, Authorization Criteria	No
File Exchange	Upload Files	Yes
Resources	Search Providers, Search Fee Schedule, Downloads, Report Download	Yes
My Home (* Connects to external links)	My Profile (Change Phone/Email), My Profile (Change Site Key Token/Password), Manage Accounts (Add/Remove Delegate), Manage Accounts (Add/Remove Trading Partner), Search Payment History, Contact Us, Secure Correspondence	Yes
My Home (* Connects to external links)	Member Focused Viewing, Revalidate-Update Provider, Pharmacy PA *, PASRR *, EHR Incentive Program *, EPSDT *, Presumptive Eligibility *	No

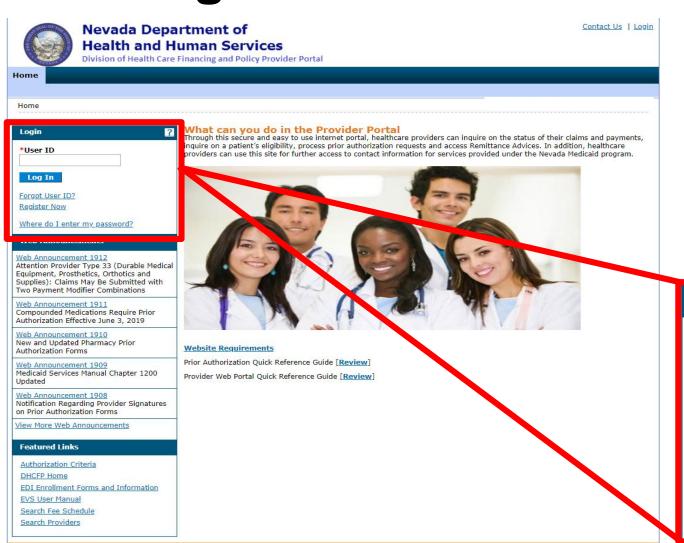
Electronic Verification System





The EVS secure Provider Web Portal may be accessed from a variety of different locations, including the top blue tool bar > EVS > Provider Login (EVS) or the Featured Links (left-hand side of every webpage).

EVS Login

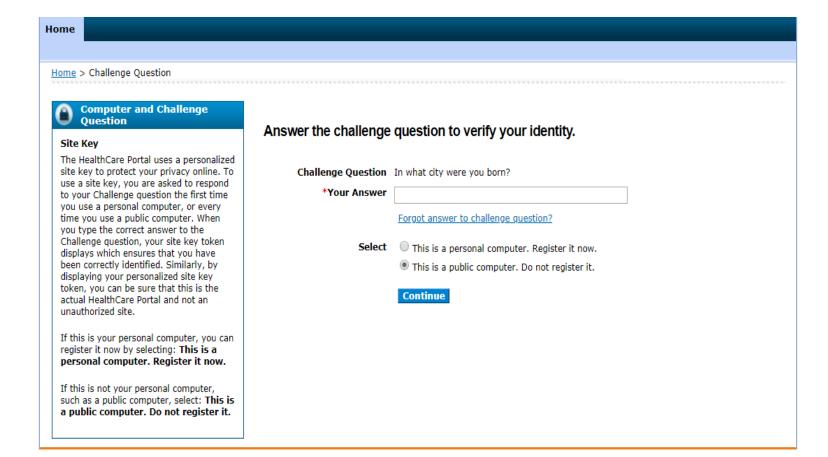


After the user selects EVS Login, they will then be required to Login.

Input the registered User ID and select Log In. If the user has forgotten their User ID, select the Forgot User ID? Link.



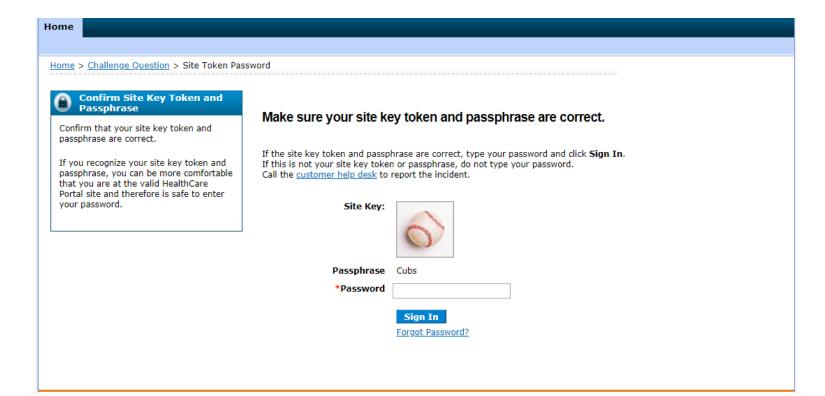
EVS Login, continued



After the User ID has been entered, the user will then be prompted with a Challenge Question.

Answer the Challenge Question and indicate whether a personal or public computer is being used. If Personal is selected, the user will not have to answer a challenge question the next time they login.

EVS Login, continued

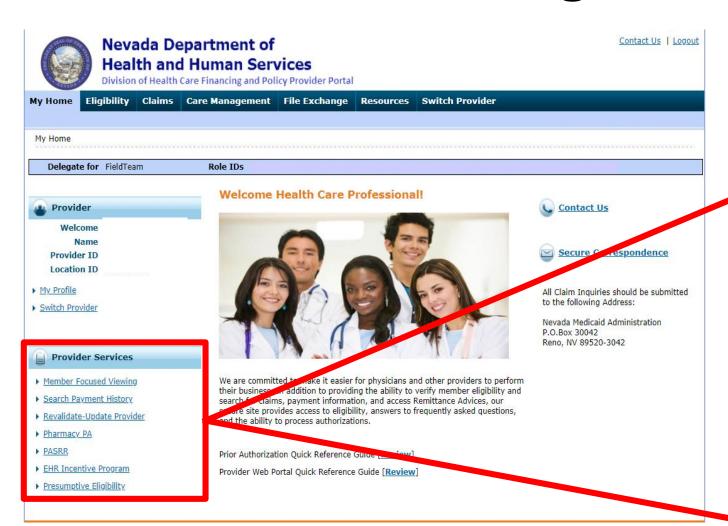


After the Challenge Question is successfully answered, the user will then be able to view the Site Key and Passphrase. This information was created when their portal account was created.

Input the correct password and select Continue.

If the user has forgotten the correct password, select the Forgot Password reset link. This will allow users to reset their own password and eliminates the need to contact the Nevada Medicaid Customer Service Call Center.

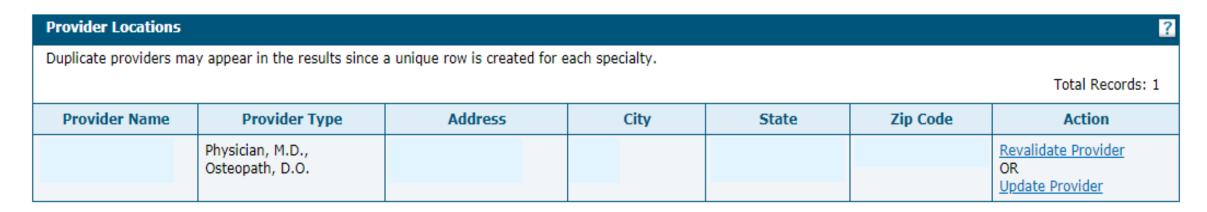
Revalidation or Change



After the user has successfully logged in, locate and select Revalidate-Update Provider from the Provider Services section on the left-hand side of the page.



Revalidation or Change, continued



Once the Revalidate-Update link is selected, the user will be brought to a page in which they can view all associated providers. The user will need to choose the correct provider and click on the Revalidate Provider link from the Action column.

Revalidation or Change, continued

Attention

You are now leaving the Nevada Medicaid portal web site. The link you have selected is located on another server. Please press the Proceed button below to leave the Nevada Medicaid portal site and proceed to the selected site, or Cancel to close this window.

Proceed

Cancel

The user will be prompted with a pop up asking if they would like to leave the page they are on. Select Proceed in order to continue with the revalidation process.

The user will then be directed to the Online Provider Enrollment (OPE) tool to complete the revalidation.

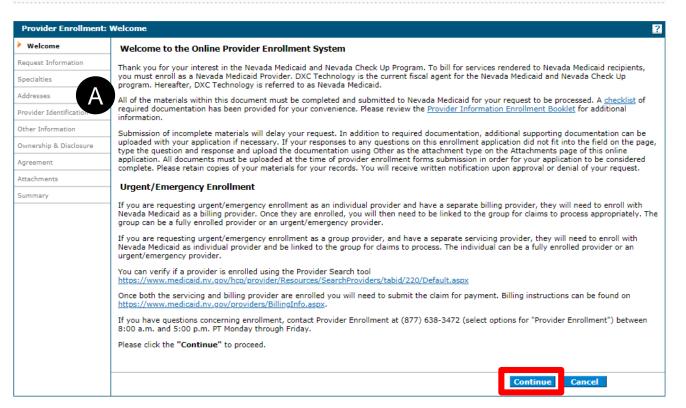
Welcome Page





Provider Enrollment

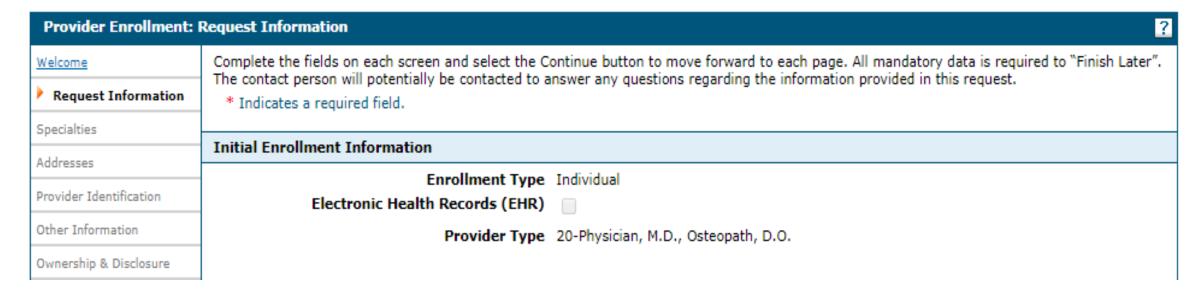
Provider Enrollment > Provider Enrollment Application



The Welcome Page provides relevant information regarding enrolling in the Nevada Medicaid program, as well as:
(A) Table of Contents. Table of Contents will always be available and once a user has completed a section, the Table of Contents will hyperlink each completed section of the application in case a user needs to go back and update information.
(B) Contact Us and FAQ links.

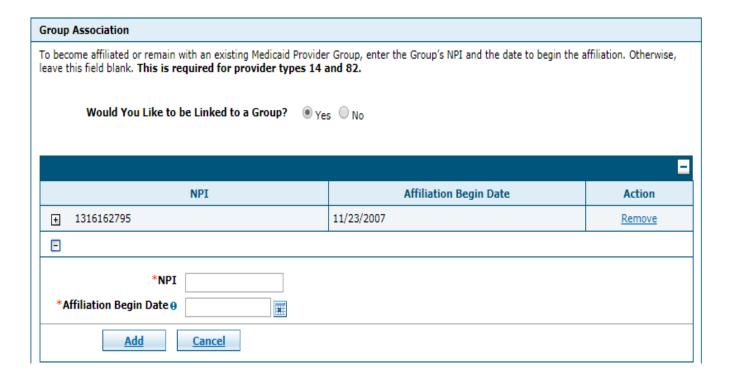
In order to continue with the application, select Continue.

Request Information



When revalidating a provider, if the provider's original application was completed online, there may be information that is already pre-populated for the revalidation process. If the provider originally submitted a paper application and did not complete an application online, the information will not be populated and the user will be required to complete available fields.

Request Information, continued



If the individual is already associated with a group, the group information may already be pre-populated. If the individual provider would like to be associated with additional groups, select the + under the pre-populated National Provider Identifier (NPI) and input the new group NPI and affiliation date. Once the information is properly filled out, select Add.

If there is a group NPI already pre-populated that the individual will no longer be associated with, select the Remove link from the Action column.

Linking to a group is required if a provider is enrolling as a Provider Type 14 (Behavioral Health) and/or a Provider Type 82 (Behavioral Health Rehabilitative Treatment) or Provider Type 85 (Applied Behavior Analysis).

If enrolling as Provider Type 14 with a Specialty of 305, 306 or 307, it is not required to link to a group.

If the individual will not be linking to a group, select No.

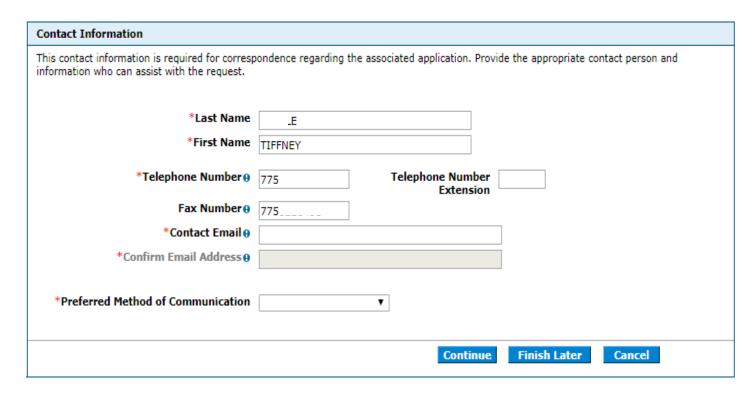
Request Information, continued

Provider Information			
A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.			
Federal Tax ID 0			
SSN	l 4 8		
Are you currently	y enrolled as a Provider? Yes		

Federal Tax ID: This should only be used for a Group Application as the FEIN is used to identify a business entity.

SSN: Social Security Number of the individual provider. This information may already be pre-populated. Do not input both the FEIN and SSN. Please reference Web Announcement 1899 (Requirement for Completing an Application, Revalidation or Re-Enrollment Differ for Individual Providers and Group Providers).

Request Information, continued

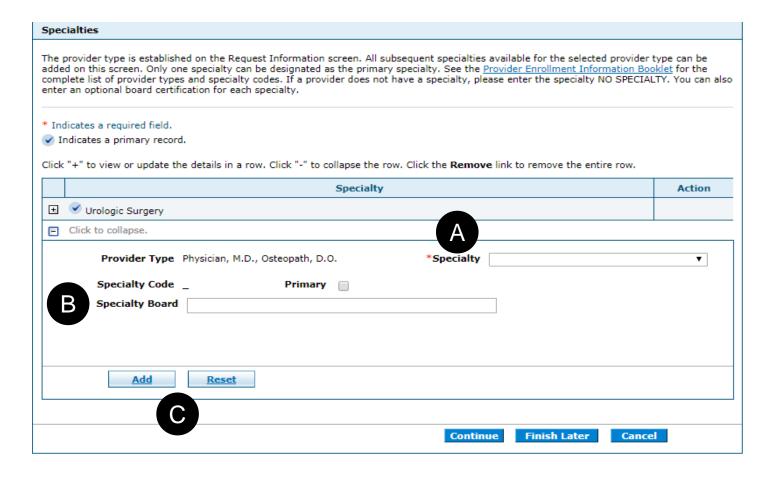


The contact information first and last name and telephone number will already be pre-populated. The Contact Email will be required as well as confirming the contact email address.

If there is any information missing, complete the fields as necessary.

Once this section has been completed, select Continue.

Specialties

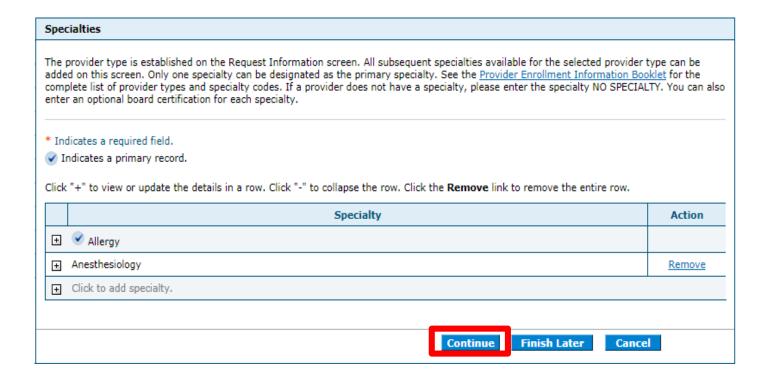


All provider types are required to indicate a Specialty. (See the Provider Enrollment Information Booklet for a list of Provider Types and associated Specialties.)

The specialty may be pre-populated. If the specialty information is no longer correct, click on the + symbol to change the primary specialty.

If adding an additional specialty, select the + to Add Specialty. Select the specialty from the drop-down menu (A). If the provider type does not require a specialty, select No Specialty. Indicate the Board, if applicable (B), that approved of the specialty and select Add (C). If add is not selected, the system will not allow users to continue.

Specialties, continued



If the provider has more than one specialty, select the + symbol and follow previous steps.

If the user selects an incorrect specialty, select Remove from the Action column.

The first specialty selected will be the primary specialty.

Once all specialties are added, select Continue.

Provider Addresses

Provider Addresses

The service address is required. The service address is the physical location of the practice/business/facility where services will be rendered. **This must be a street address and NOT a post office box.**

Paper checks will be mailed to Pay-To address while Electronic Funds Transfer (EFT) testing is performed. If you do not supply a Pay-To address, paper checks will be mailed to the service address.

Nevada Medicaid will mail written correspondence, excluding remittance advices, to Mail-To address. If you do not supply a Mail-To address, written correspondence will be mailed to the service address.

Nevada Medicaid recommends using electronic instead of paper Remittance Advices (RAs) for faster account reconciliation. However, if you wish to receive paper RAs and have them mailed to an address different from the addresses listed above, please complete the Remittance Advice address.

Enter each type of valid provider address including location(s) where a provider renders services, as well as location(s) used for billing and payment.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Collapse the row and click the "Remove" link to remove the entire row or "Copy" link to copy the entire row.

	Туре	Street	City	State	Action
+	Service	5560 KIETZKE LN	RENO	Nevada	Copy Remove
+	Pay-To	BLDG A	RENO	Nevada	Copy Remove

+ Click to add address.

Continue Finish Later C

This section will allow the user to verify all address information for the provider.

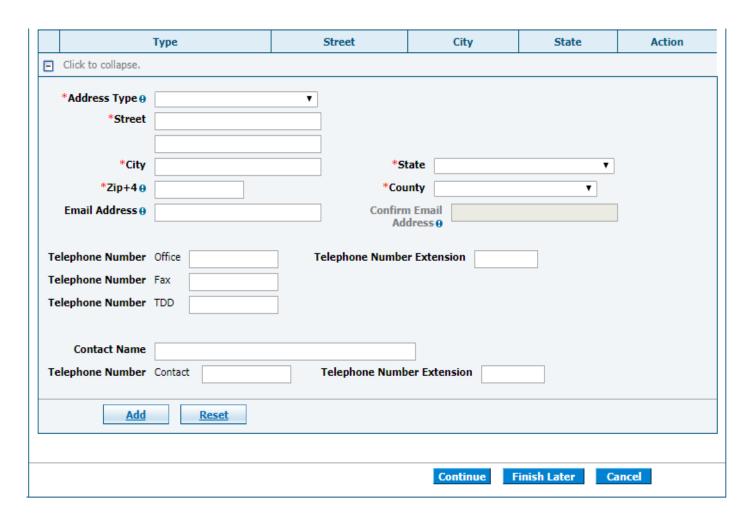
Service Address must be a physical address and cannot be a P.O. Box.

Pay To Address is the address that Nevada Medicaid will send paper checks until Bank Information is approved for Electronic Funds Transfer.

Mail To Address is the address that Nevada Medicaid may send written correspondence.

Remittance Advice address is the address that Nevada Medicaid will send RA's that are older than six (6) months. All other RA's are available electronically.

When the user is ready to input or edit address information to the application, select the +.



Address Type: Select from drop-down menu (Service, Mail-To, Pay-To, Remittance Advice)

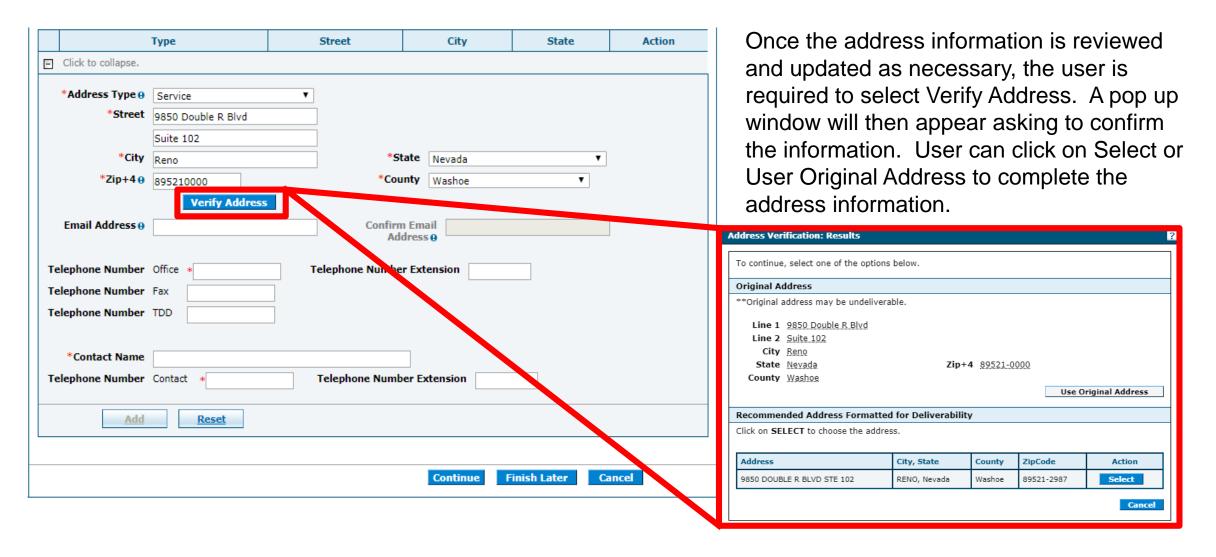
Street: Street Address. For service address, this must be a physical address. All other addresses can either be a physical address or a P.O. Box.

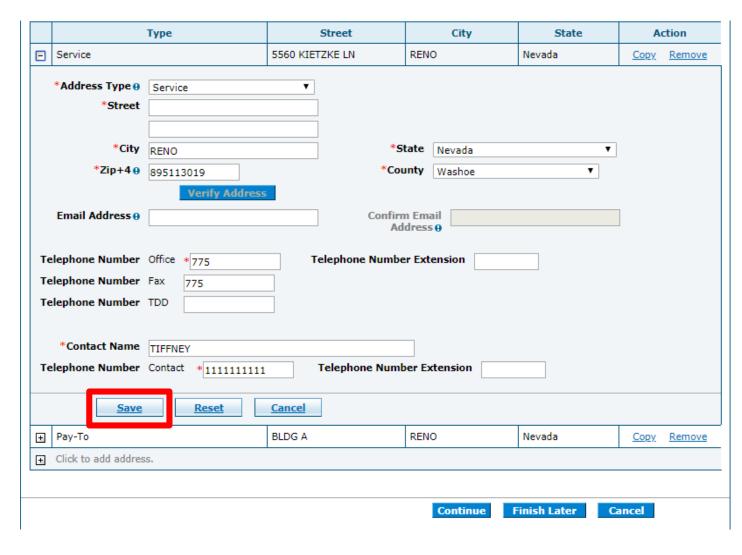
City: City

Zip+4: Zip Code. User can locate the additional 4 digits by running a post office address search or inputting 4 zeroes.

State: Select the state the address is located in from drop-down menu.

County: Select the county the address is located in from drop-down menu.





Once the address information has been verified, the active telephone number and contact information will have already populated.

All other fields are optional.

Once all fields have been populated, select the Save button.

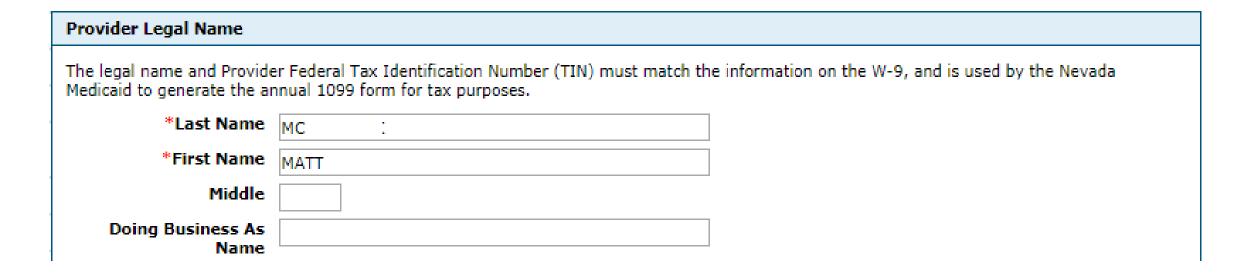
	Туре	Street	City	State	Action
+	Service	9850 DOUBLE R BLVD STE 102	RENO	Nevada	<u>Copy</u> <u>Remove</u>
+	□ Click to add address.				
	Continue Finish Later Cancel				

The user can then select the + or the Copy link to add any additional address information pertaining to the Mail-To, Pay-To and Remittance Advice addresses.

Select Remove in order to delete an address.

Once all addresses have been completed, select Continue.

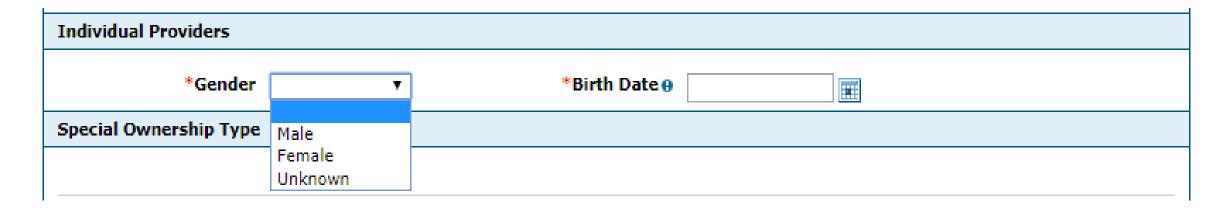
Provider Identification



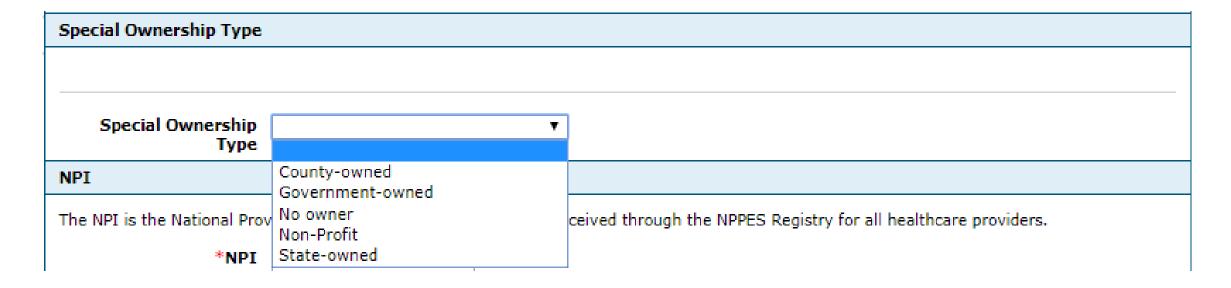
The Provider Legal Name **must** match their W-9 form.

Doing Business As Name: If the individual provider will be operating the practice with a different name, list the DBA.

Provider Identification, continued



Individual providers will select a gender from the drop-down menu, as well as their birth date.



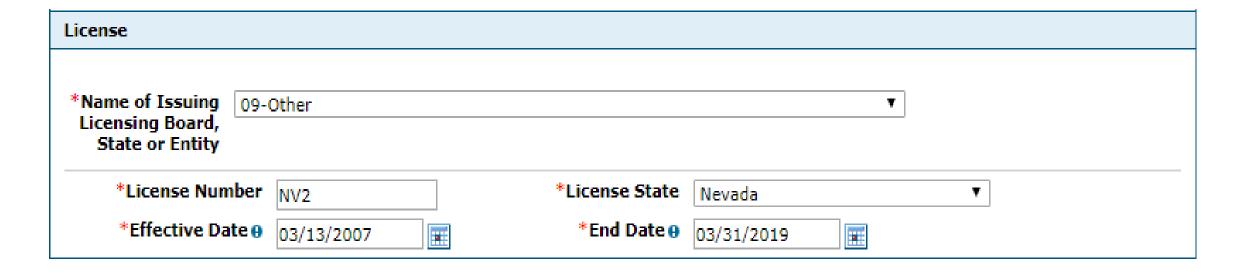
If the practice will be owned by a different entity than listed, indicate the Special Ownership Type from the drop-down menu. If there is no Special Ownership Type, user can select the blank option.

NPI

The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.

NPI 13:

The provider's NPI will already be pre-populated.



License Information: This information should be pre-populated and the user should still verify that the information is correct.



Nevada Secretary of State Issued Business ID: This number will be issued from the Nevada Secretary of State. Nevada Medicaid cannot assist in obtaining the SOS number. For more information, please visit: www.nvsos.gov/sos.

Nevada Secretary of State Registered Name: This is the name used by the provider to create and obtain a valid business in the State of Nevada.

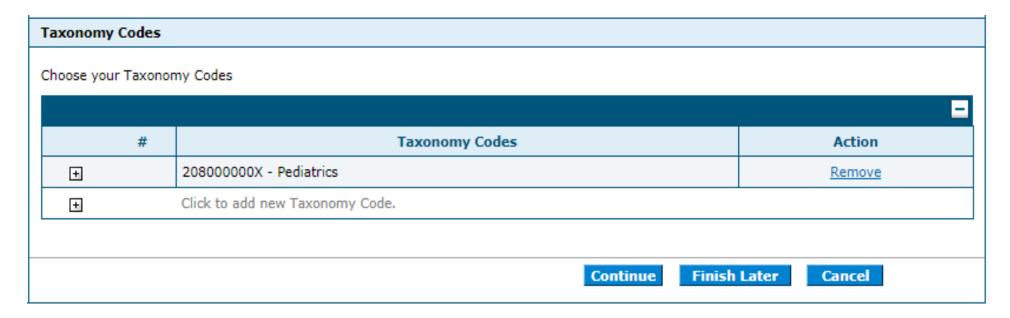
The last question in the section must be selected from the drop-down menu and match the type of entity that the provider is enrolling as. This will be determined from the provider's W9 Form that was filed with the IRS.

CLIA Certification	
CLIA Number 29	
Drug Enforcement Administration (DEA) Nun	nber
DEA # BM:	

CLIA (Clinical Laboratory Improvement Amendments) and DEA (Drug Enforcement Administration) Number: This information should be pre-populated for the user. If this information is not populated, the user will need to complete

each field, if applicable.

Note: If the provider does not have either one of these pieces of information because lab tests are not being completed in office nor are pharmaceuticals being dispensed, the user can input a bypass code of nine 9s (999999999) into each field.

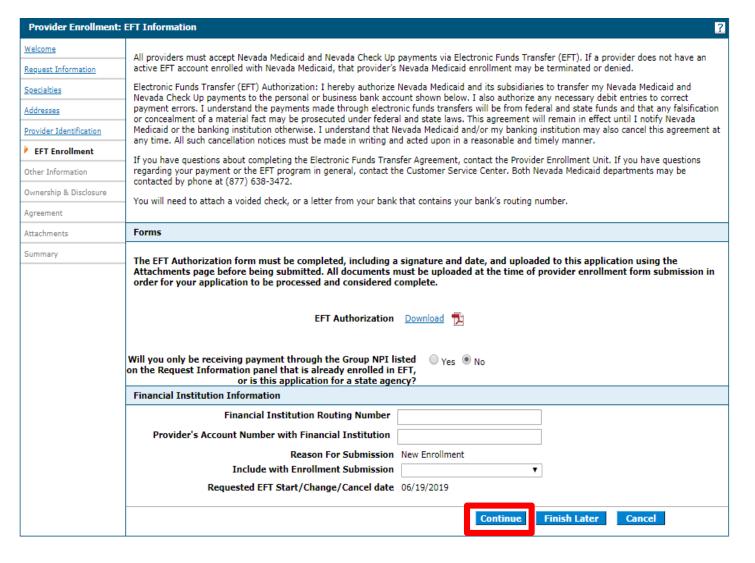


Providers are required to have a Taxonomy Code. Taxonomy Codes are determined by the provider and not Nevada Medicaid. Providers should review NPPES for their registered Taxonomy Code. To add a Taxonomy Code, select the + symbol.

The Taxonomy Code should already be pre-populated. To add any additional Taxonomy Codes, select + to add.

Once all codes are input, select Continue.

EFT Information



Providers will be asked to provide EFT information for Nevada Medicaid to make payments to the provider after claims processing.

If the individual is already linked to a group, select Yes in order to continue to receive payments via the group.

If the individual is not linking to a group, download the EFT Authorization, input the bank's Routing Number (9 digits), Account Number and indicate if attaching a Bank Letter or Voided Check. The date will auto-populate based on the effective date of the application that was completed previously and select Continue.

Note: EFT requests are not approved immediately. Nevada Medicaid is required to run "tests" to verify the bank information. EFT approvals can take up to 15 days.

Other Information

Additional Information	
*Are you enrolled in Medicare?	○ Yes ● No
*Days and Hours of Operation	
*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?	▼
*Are you currently accepting new patients?	○ Yes ○ No
*Can you accommodate recipients with special needs?	○ Yes ○ No

Are you enrolled in Medicare: Select the appropriate answer. Later in the application there will be a similar question and both answers must match. If not, the application will be returned for corrections.

Days and Hours of Operation: Input days and time that the practice is open.

The next question will be selected from a drop-down menu and will indicate if the provider is seeing Fee For Service (FFS) recipients, Managed Care Organization (MCO) recipients or both FFS and MCO recipients. For more information regarding FFS and MCO recipients, please review the Billing Manual located on the Billing Information webpage of the Nevada Medicaid website.

Are you currently accepting new patients: Select the appropriate answer.

Can you accommodate recipients with special needs: Select the appropriate answer.

Other Information, continued



If the provider will be associated with a hospital, the hospital information must be input into the free form text box. If the provider will not have hospital privileges, select No and the free form text field will not appear.

After the questions have been answered, select Continue.

Ownership & Disclosure

Ownership Information

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR ?455.100 ? 106. Click here to view the full regulation

Ownership is defined as all individuals and corporations having direct or indirect ownership interest, or controlling interest in the disclosing entity (this includes relatives) and for any subcontracting company in which the disclosing entity has direct or indirect ownership of 5 percent or more. Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. Managing Employee is defined as a peneral manager, business manager, administrator, officer, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency. Board Member is defined as anyone who sits on a board of directors for any entity.

Information is required on the following:

- Group and Individual Enrollment applicants are required to enter all individuals or entities that:
 - have a direct or indirect ownership interest or controlling interest in the disclosing entity of 5 percent or more;
 - > have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
 - owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that
 interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
 - > is an officer or director of a disclosing entity that is organized as a corporation; or
 - is a partner in a disclosing entity that is organized as a partnership.
- Group and Individual Enrollment applications are required to indicate the chain of ownership between the direct and indirect owners. Use the Related Corporations, Owners, Agents or Managing Employees Information grid below to indicate the chain of ownership.
- Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.
- Group applications are required to enter all board member(s) if they are formed as a corporation.
- Anyone listed in the above entities that own 5 percent or more of any other business (health care related or non-health care related) is required to disclose that information.

Note: Owners are generally the Corporation or Owner entity types, but can also be board members/trustees.

The information on ownership, board member(s), managing employee(s), and agent(s) needs to be added in the Ownership (Direct & Indirect) / Managing Employee grid below. Ownership information sent as an attachment will not be accepted.

This is not required for:

- ▶ Individuals linking to group
- Provider Type 38
- ▶ Groups and individuals with a Special Ownership type value of Government or State Owned selected on the Provider Identification panel

Note: County owned organizations, Non-Profit organizations, and school districts are required to disclose all Board Members and Managing Employees/Agents.

All providers must read and understand the instructions that are listed on this page in order to properly complete the application. Users should also refer to Chapter 2 Addendum of the OPE User Manual for clarification regarding information and formatting that must be followed in order to properly complete the application. If any information is incorrect, Nevada Medicaid will return the application for review and corrections.

For individual providers linking to a group, the Ownership Information is not required. Individuals linking will still be required to indicate Managing Employee/Agent.

Examples are outlined on the next three slides.

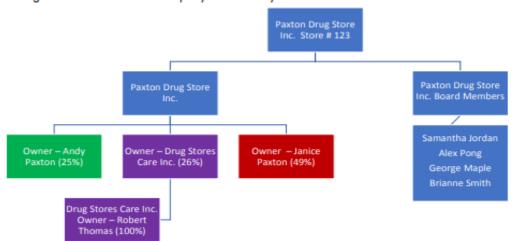
Chapter 2 Addendum. Ownership & Relationships Example

As part of the modernized Medicaid Management Information System (MMIS) update on February 1, 2019, providers are now required to identify all ownership in their company and outline the relationships that exist as outlined in Chapter 2 of the Online Provider Enrollment User Manual.

This process can be complex, so the purpose of this addendum is to provide an example.

2.1 Storyline

Paxton Drug Store #123 is completing their initial provider enrollment application. They are owned by Paxton Drug Store Inc. The parent company has four board members: Samantha, Alex, George and Brianne. Paxton Drug Store Inc. Is owned by Andy Paxton, Janice Paxton and Drug Stores Care Inc. This company is owned by Robert Thomas.



2.2 Completing the Ownership Information Section

The provider must input all details regarding information:

- Paxton Drug Store owns 100% of Paxton Drug Store #123.
- Samantha Jordan, Alex Pong, George Maple and Brianne Smith are board members, but do not own any shares of the company.
- Andy Paxton owns 25% of Paxton Drug Store, Janice Paxton owns 49% and Drug Stores Care owns 26%.
- Robert Thomas owns 100% of Drug Stores Care.

Online Provider Enrollment User Manual, Chapter 2 Addendum 03/07/2019

1

Ownership Information

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR ?455,100 ? 106, Click here to view the full regulation

Ownership is defined as all individuals and corporations having direct or indirect ownership interest, or controlling interest in the disclosing entity (this includes relatives) and for any subcontracting company in which the disclosing entity has direct or indirect ownership of 5 percent or more. Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. Managing Employee is defined as a general manager, business manager, administrator, officer, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency. Board Member is defined as anyone who sits on a board of directors for any entity.

Information is required on the following:

- Group and Individual Enrollment applicants are required to enter all individuals or entities that:
 - have a direct or indirect ownership interest or controlling interest in the disclosing entity of 5 percent or more;
 - have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
 - owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that
 interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
 - is an officer or director of a disclosing entity that is organized as a corporation; or
 - is a partner in a disclosing entity that is organized as a partnership.
- Group and Individual Enrollment applications are required to indicate the chain of ownership between the direct and indirect owners. Use the Related Corporations, Owners, Agents or Managing Employees Information grid below to indicate the chain of ownership.
- Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.
- Group applications are required to enter all board member(s) if they are formed as a corporation.
- Anyone listed in the above entities that own 5 percent or more of any other business (health care related or non-health care related) is required to disclose that information.

Note: Owners are generally the Corporation or Owner entity types, but can also be board members/trustees.

The information on ownership, board member(s), managing employee(s), and agent(s) needs to be added in the Ownership (Direct & Indirect) / Managing Employee grid below. Ownership information sent as an attachment will not be accepted.

This is not required for:

- Individuals linking to group
- Provider Type 38
- > Groups and individuals with a Special Ownership type value of Government or State Owned selected on the Provider Identification panel

Note: County owned organizations, Non-Profit organizations, and school districts are required to disclose all Board Members and Managing Employees/Agents.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Ownership (Direct & Indirect) / Managing Employee							
	#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action	
+	1	Corporation	Paxton Drug Store	684864644	100	Remove	
+	2	Board Member/Trustee	Samantha Jordan	549227364	0	Remove	
+	3	Board Member/Trustee	Alex Pong	281228574	0	Remove	
+	4	Board Member/Trustee	George Maple	254681538	0	Remove	
+	5	Board Member/Trustee	Brianne Smith	425116842	0	Remove	
+	6	Owner	Andy Paxton	225683148	25	Remove	
+	7	Owner	Janice Paxton	254169841	49	Remove	
+	8	Corporation	Drug Stores Care	625479153	26	Remove	
+	9	Owner	Robert Thomas	259741258	100	Remove	
+		Click to add Type of Entity.					

2.3 Completing the Ownership or Controls Relationship Section

Now that all corporations, board members and owners have been input, the provider must link the people and/or corporations. This section does not include board members.

- Andy, Janice & Drug Stores Care are owners of Paxton Drug Store
- Andy is the spouse of Janice Paxton
- Robert Thomas owns Drug Stores Care

Online Provider Enrollment User Manual, Chapter 2 Addendum 03/07/2019

2

Ownership or Control Relationships

In the Related Corporations Owners, Agents or Managing Employees Information grid below, indicate if any person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

Group and Individual Enrollment applications are required to use this grid to indicate the chain of ownership between the direct and indirect owners.

Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or is any disclosed corporation an owner of any other disclosed corporation?



Related Corporations, Owners, Agents, or Managing Employees Information						
#	Corporation/Owner/Agent/Managing Employee Name	Relationship	Corporation/Owner/Agent/Managing Employee Name	Action		
+	Andy Paxton	Is The Owner Of	Paxton Drug Store	Remove		
+	Janice Paxton	Is The Owner Of	Paxton Drug Store	Remove		
+	Andy Paxton	Is The Spouse Of	Janice Paxton	Remove		
+	Drug Stores Care	Is The Owner Of	Paxton Drug Store	Remove		
+	Robert Thomas	Is The Owner Of	Drug Stores Care	Remove		
±	Click to add Relationship information.					

2.4 Note about Completing the Ownership Information Section

There may be times when ownership total does not equal 100%, as it did in Section 2.2, because some owners own less than 5% and would not be listed. When that happens, put detailed notes in the *Explanation if total ownership is less than* field.

There may also be times when the parent company is publicly traded and cannot provide people's names who own 5% or more of the company. In this situation, it is suggested to attach a letter explaining the circumstances to aid in processing the application more quickly.



Online Provider Enrollment User Manual, Chapter 2 Addendum 03/07/2019

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicaid provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health-related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider or a fiscal agent.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX of the Act. This includes:

- a) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic or health maintenance organization that participates in Medicare (Title XVIII);
- b) Any Medicare intermediary or carrier; and
- c) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

Person with an ownership or control interest means a person or corporation that:

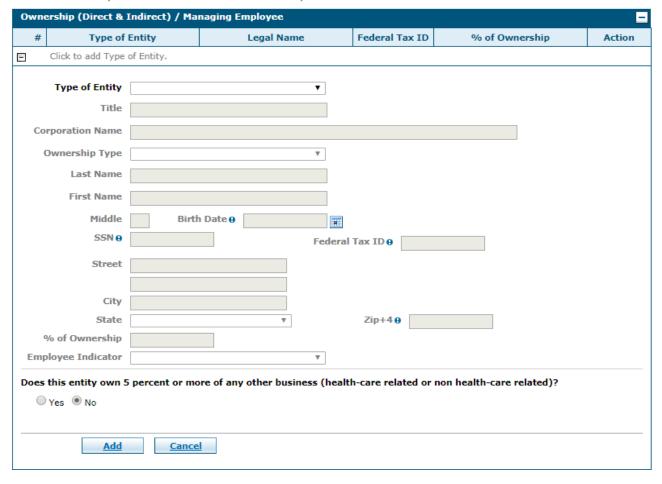
- a) Has an ownership interest totaling 5 percent or more in a disclosing entity.
- b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- f) Is a partner in a disclosing entity that is organized as a partnership.

Subcontractor means:

- a) An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b) An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medical agreement.

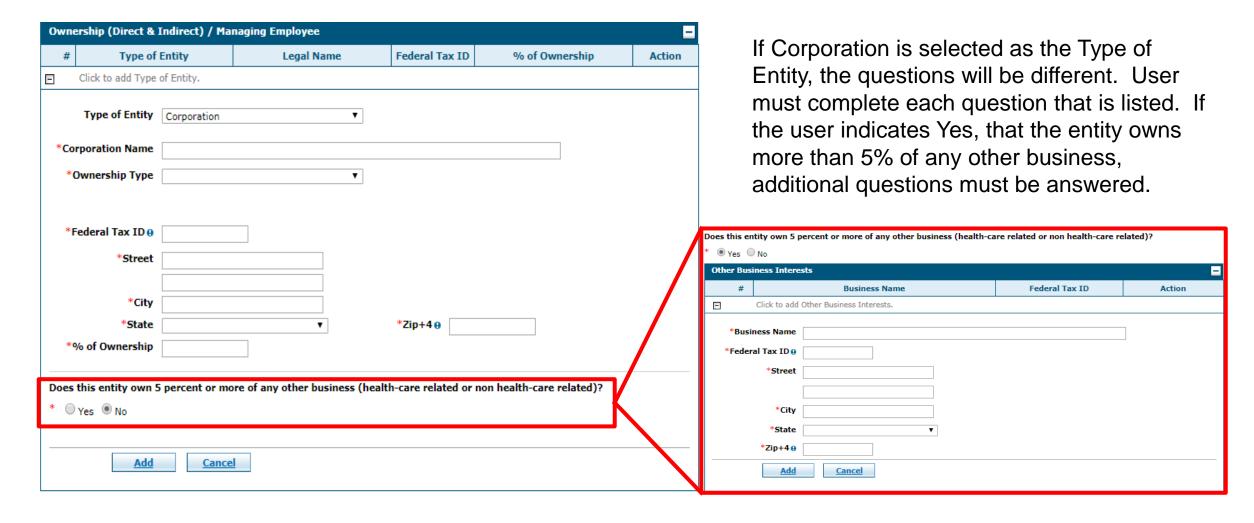
Supplier means an individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds or a pharmaceutical firm).

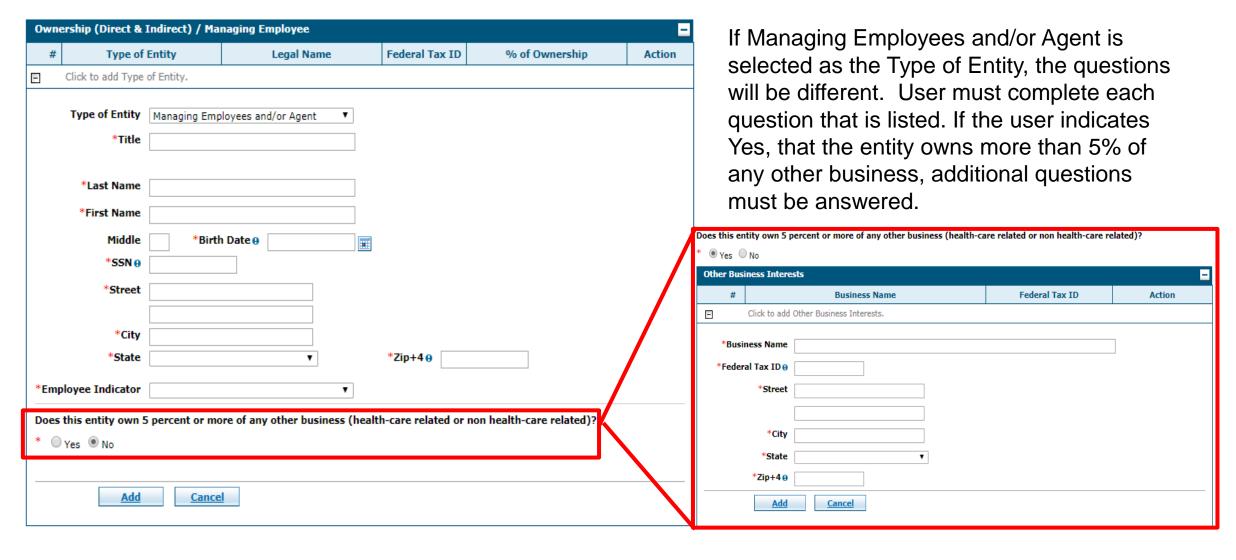
Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

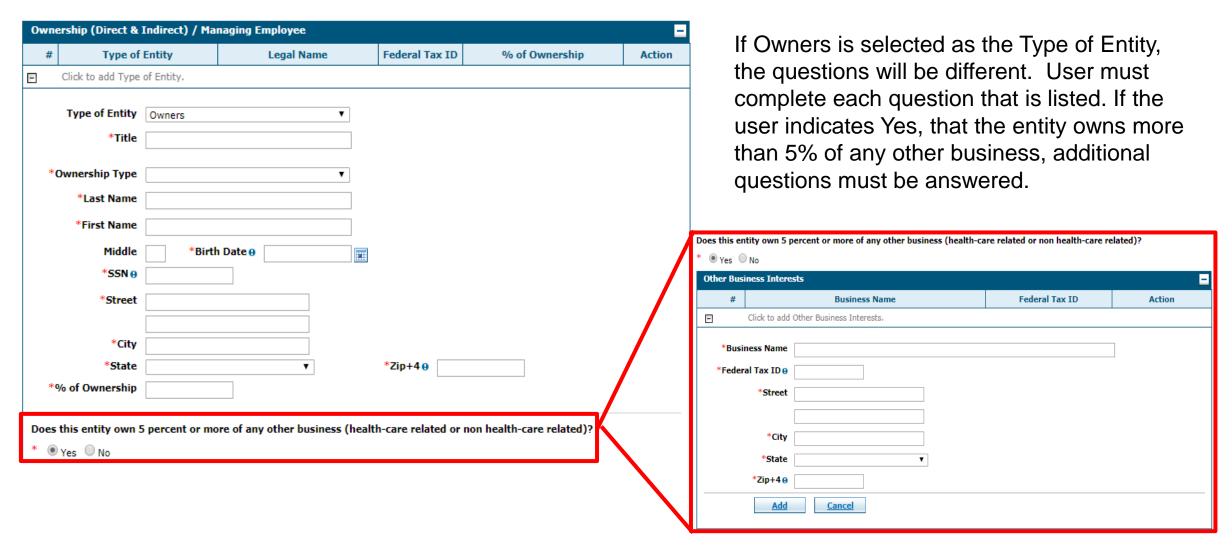


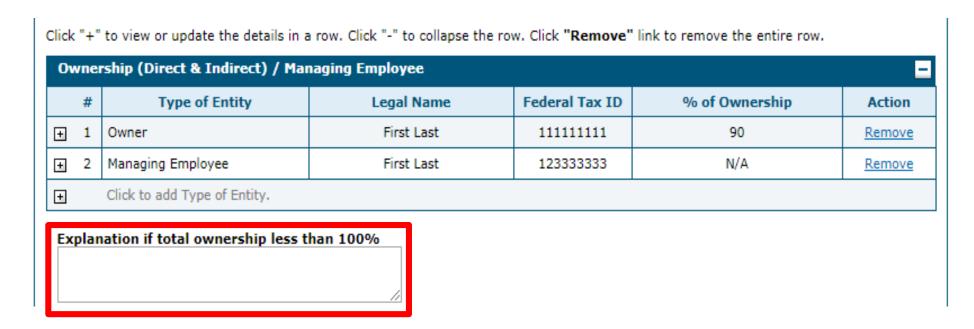
Type of Entity: This will be selected from a drop-down menu (Corporation, Managing Employees and/or Agent, or Owners). Depending upon the selection that is made, the questions may vary.

The next three slides cover the questions that must be answered depending on the Type of Entity selected.



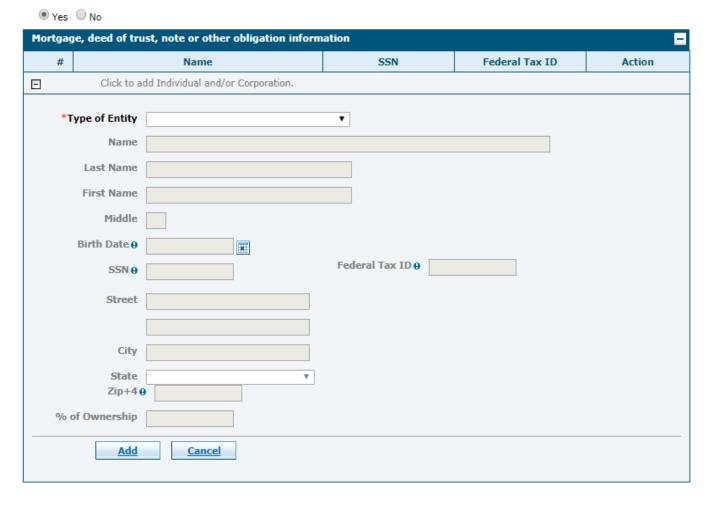






The percentage of ownership must equal 100%. If there are any owners of the business that own **less** than 5% of the practice, that information must be disclosed in the free form text field.

Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?



If any of the entities that were previously listed own more than 5% of a mortgage, deed, trust, note or other obligations, that information must be listed. The required fields will change depending on the Type of Entity selected.

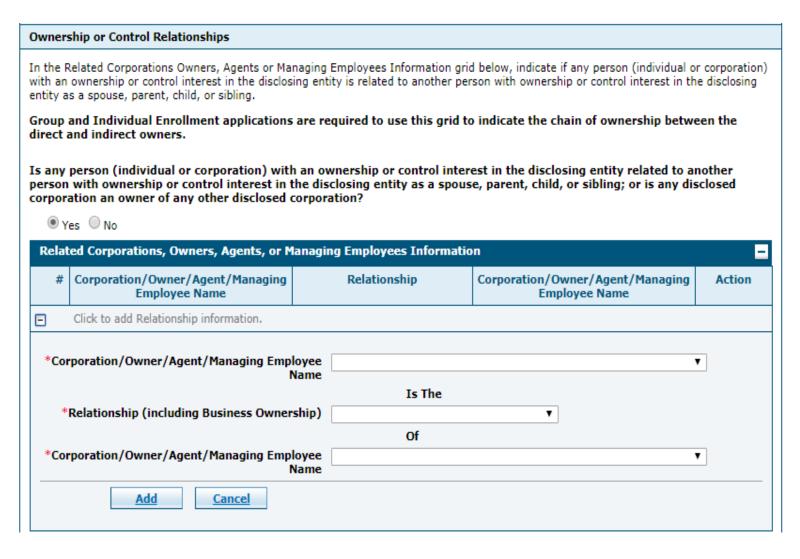
If the entities do not own more than 5% of a mortgage, deed, trust, note or other obligations, the fields will not populate and user can move to the next question.

The next slide will show the different questions that must be answered depending upon the Type of Entity selected.

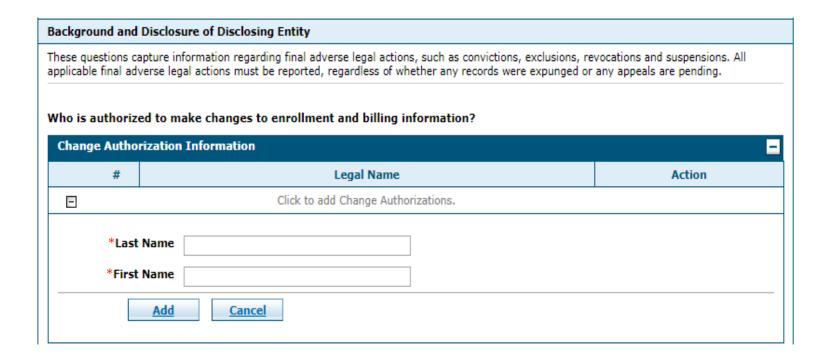
Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity? obligation secured by the disclosing entity? ● Yes ○ No ● Yes ○ No Mortgage, deed of trust, note or other obligation information Mortgage, deed of trust, note or other obligation information SSN Federal Tax ID Action SSN Federal Tax ID Name Action -Click to add Individual and/or Corporation. -Click to add Individual and/or Corporation. *Type of Entity Owners *Type of Entity Corporation *Name *Last Name *First Name *Federal Tax ID 0 Middle *Street *Birth Date 0 *SSN 0 *City *Street *State *Zip+40 *City *% of Ownership *State *Zip+4@ Add Cancel *% of Ownership

Add

Cancel



If any of the owners are related to one another, that information must be disclosed. Complete the fields and select Add. If there are no relationships between owners, indicate No and the fields will not appear.

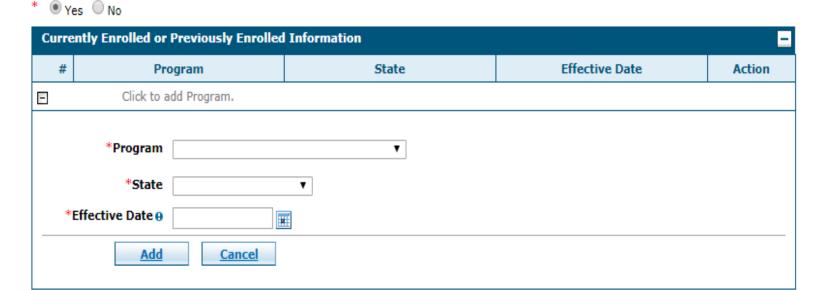


This question is regarding who in the practice is authorized to make changes on behalf of the provider. If information about a provider's profile must be changed and the user that is submitting the changes is not an authorized person, those changes cannot be made.

Changes can only be accepted from the Managing Employee or Authorized Representative.

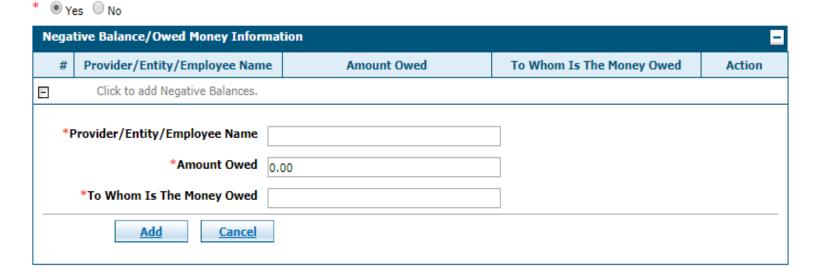
Input the Authorized Representative's Last Name and First Name and select Add.

Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicare or Medicaid provider with another state (including Nevada)?



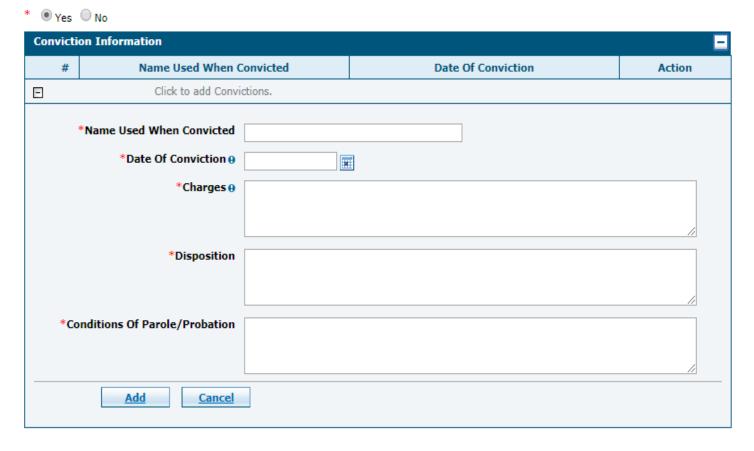
If any owner, agent, managing employee or anyone else that has controlling interest in the practice has ever been enrolled in either Medicaid and/or Medicare, that information must be listed on the application and the answer to this question must match the similar question that was asked previously. Once fields are completed, select Add.

Do you or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and Medicaid)?



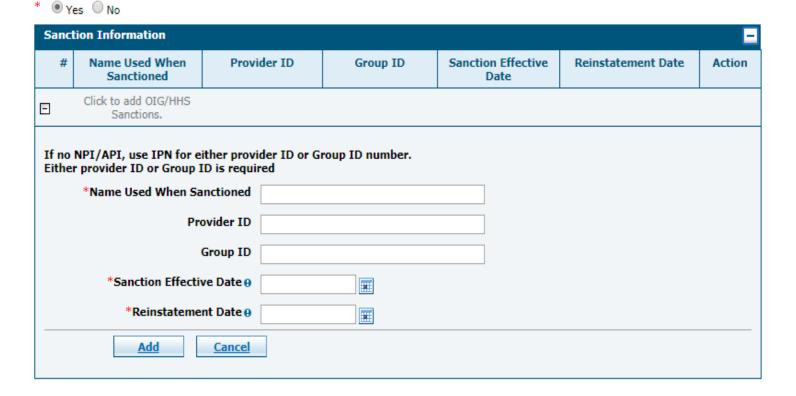
If any owner, agent, managing employee or person with controlling interest owes monies to a state and/or federal program, all information must be disclosed. After all fields have been completed, select Add.

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony, including but not limited to, criminal offenses related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?



If any owner, agent, managing employee or person with controlling interest has ever been convicted of a misdemeanor, gross misdemeanor or felony (see Chapter 100 of the Medicaid Services Manual for further clarification), all information must be disclosed. After all fields have been completed, select Add.

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Service (OIG/HHS) exclusion list or otherwise been suspended, terminated, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX or any other Medicaid program since the inception of these programs? This includes termination from the Nevada Medicaid program or any other state Medicaid program.



If any owner, agent, managing employee or person with controlling interest has ever been ever been placed on the Office of Inspector General's exclusion list, all information must be disclosed. After all fields have been completed, select Add.

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest currently under investigation by any law enforcement, regulatory or state agency?

*

Yes
No

*Please Provide Details

If any owner, agent, managing employee or person with controlling interest is currently under investigation, all information must be disclosed. After all fields have been completed, select Add.

Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?

* ② Yes ② No

*Please Provide Details Including Court Documentation

If any owner, agent, managing employee or person with controlling interest currently has an open or pending court case, all information must be disclosed. After all fields have been completed, select Add.

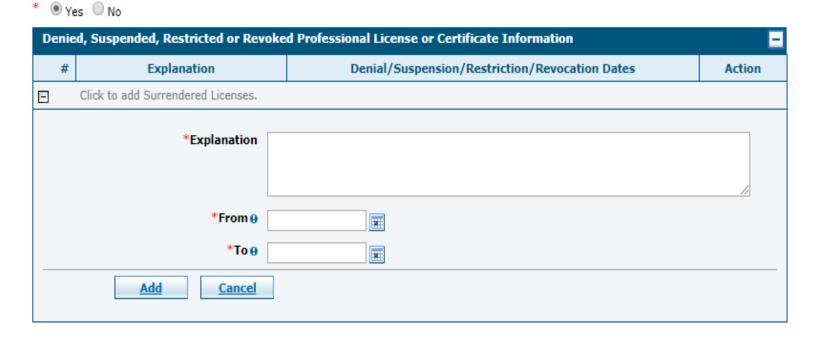
Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?

* • Yes • No

*Explain

If any owner, agent, managing employee or person with controlling interest has been denied malpractice insurance, all information must be disclosed. After all fields have been completed, select Add.

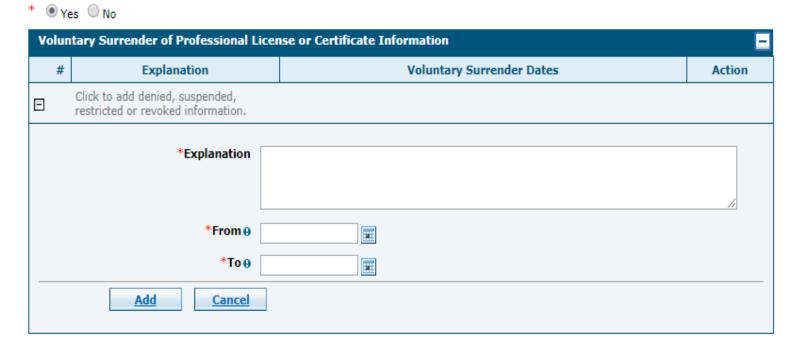
Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, suspended, restricted or revoked?



If any owner, agent, managing employee or person with controlling interest has had their license denied, suspended, restricted or revoked, all information must be disclosed. After all fields have been completed, select Add.

Ownership & Disclosure, continued

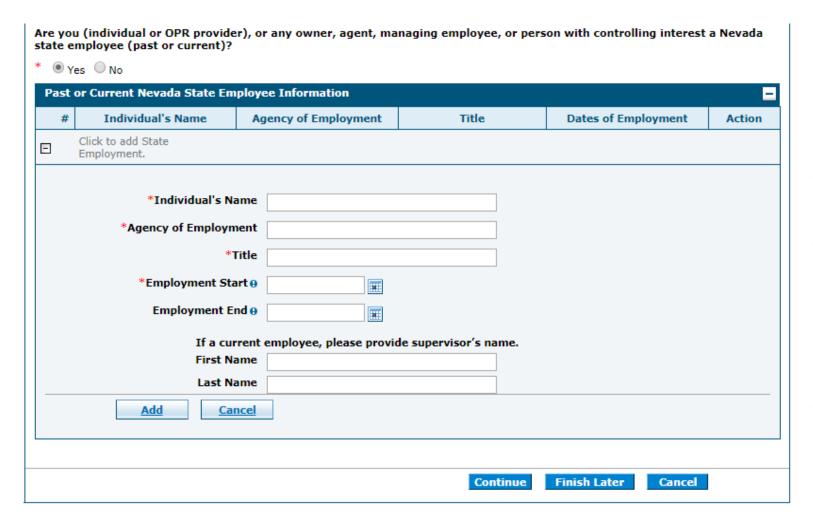
Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever voluntarily surrendered any professional license or certificate?



If any owner, agent, managing employee or person with controlling interest has voluntarily surrendered their license, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued



If any owner, agent, managing employee or person with controlling interest has previously or currently works for the State of Nevada, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

After this question has been completed, select Continue.

Agreement

Instructions

The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms means that the request will not be submitted or saved.

Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.

Once the request is submitted and confirmed, a tracking number will be assigned.

Note: The Nevada Medicaid and Nevada Check Up Provider Contract is required with every request. A link to this document is provided below.

There are three (3) sections of the Provider Enrollment: Agreement page. The first section is the Instruction section, which will provide instructions regarding the additional sections of the Agreement page. Providers must read and understand before proceeding with the remainder of the application.

Agreement, continued

Terms of Agreement	
Provider Name	First Last
Street	9850 DOUBLE R BLVD STE 102 RENO
	Nevada, 89521-2987
Employer Identification Number (EIN) or Social Security Number (SSN)	111111111
NPI	1234512345
Contact Name	First Last
Contact Email	email@domain.com
Nevada Medicaid and Nevada Check Up Provider Contract Contract Get ADOBE' READER*	
You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge as the Provider or legal representative of the provider, that you understand your electronic signature is binding to the same extent as your written signature.	
*I accept the terms and conditions of the application and contract.	I understand that my electronic signature is equivalent to written signature.
*Provider or Authorized Representative Signature	
*Title	▼
Submission Date 06	/10/2019

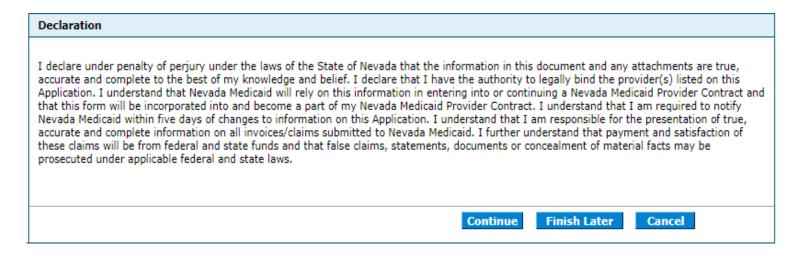
The second section of the Agreement page is the Terms of Agreement. The user must indicate that they accept the terms and condition (A) and complete the remaining fields.

In order to complete the section, the user **must** download the Nevada Medicaid and Nevada Check Up Provider Contract in order to be able to complete the question regarding the acceptance of the terms.

For this example, the question has been greyed out until the user downloads the contract.

Once the contract has been downloaded, the question will then appear and can be answered.

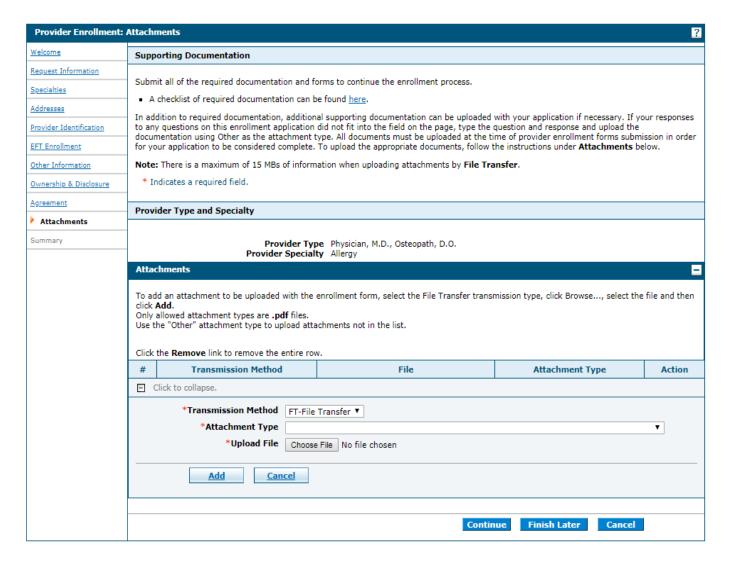
Agreement, continued



The last section covers the Declaration, which indicates that the user has answered all questions to the best of their ability.

Once the Declaration is read and understood, select Continue.

Attachments



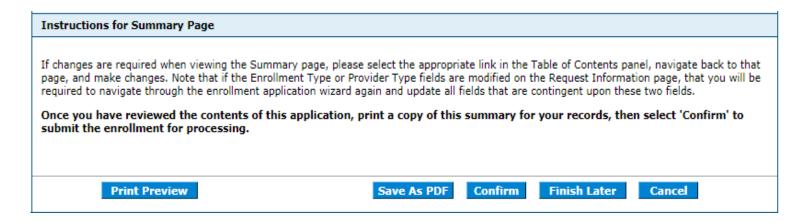
The next section is where users will need to upload all required documents. Users will need to review the Enrollment Checklist for the Provider Type to determine if all documents have been uploaded.

Transmission Method will always default to FT-File Transfer and this does not need to be changed. Select the Attachment Type from the drop-down menu. Select Choose File and locate the appropriate document for uploading. Once the document is placed in the application, select Add.

Users will also need to make sure that the proper EFT documentation is also uploaded if not linking to a group.

Once all applicable documents are uploaded, select Continue.

Summary



The Summary page will allow users to view the information input into the application before submitting to Nevada Medicaid for approval.

Once the user reviews and determines that there are no changes necessary, select Confirm in order to submit to Nevada Medicaid for processing. After submitting, users can view the status of the application by logging into the OPE tool. Users will also receive mailed communication from Nevada Medicaid indicating whether or not the application has been accepted.

After submission, users should allow at least a minimum of 2-3 weeks for processing. There are some cases in which the processing can take more time.

Resources

Resources

- Provider Enrollment Webpage: https://www.medicaid.nv.gov/providers/enroll.aspx
- Online Provider Enrollment Tool:
 https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx
- Ownership & Relationship Appendix (Chapter 2):
 https://www.medicaid.nv.gov/Downloads/provider/NV_OPE_User_Manual_Ch2_Addendum.pdf
- Web Announcement 1899:
 https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1899_20190521.pdf
- Provider Billing Information: https://www.medicaid.nv.gov/providers/BillingInfo.aspx
- Medicaid Services Manual (Medicaid Policy):
 http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/

Contact Nevada Medicaid

Contact Us – Customer Service

- Customer Service Call Center:
 877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)
- Provider Field Representative:Email: NevadaProviderTraining@dxc.com

Thank You